

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Travis Nobles, DMH  
**Scribe:** April Taylor  
**Date:** 06/20/2007  
**Time:** 10:30 – 11:30 a.m.  
**Location:** Hargrove, Conference Room D

### IPRS Core Team Attendees:

x Rick Kretschmer	<b>Others:</b>
Sarah Harris	Tim Sullivan
Cheryl McQueen	x Jamie Herubin
x Eric Johnson	x Sandy Flores
Gary Imes	x Mike Frost
Joyce Sims	x Myran Harris
x Rick DeBell	x Chris Ferrell
Thelma Hayter	Deborah LeBlanc
x April Taylor	Cathy Bennett
x Travis Nobles	

### Attendees:

X Alamance-Caswell	X Onslow-Carteret
X Albemarle	OPC
X Catawba	X Pathways
Centerpoint	Pitt
Crossroads	X Roanoke-Chowan
X Cumberland	X Rockingham
X Durham	X Sand hills Center
X Eastpointe	X SE Center
X Edgecombe-Nash	X SE Regional
X Five – County MHA	X Smoky Mountain
Foothills	Tideland
X Guilford	X Wake
X Johnston	X Western Highlands
X Mecklenburg	X Wilson-Greene
X Neuse	
X New River	

**Attendees:**

**Item No. Topics**

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – June 28, July 5, 12,19
4. Agenda items
  - Beta Test (NPI) Requirements Review
    - 100 records/LME/submission; Format test; full cycle run, 835
    - **Update scheduled termination: TBD**
  - IPRS Questions or Concerns
  - MMIS Updates – Tim Sullivan & Chris Ferrell
6. DMH and/or EDS concluding remarks
  - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
    - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
    - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
7. Roll Call Updates

**Next Meeting: June 27, 2007**

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.  
 Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355  
 , M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. <b>Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.</b>
3.	<b>Upcoming Check-writes</b> (cut-off dates) June 28 (start of Fiscal Year '07-'08), July 5, July 12, July 19
4.	<p><b>Agenda items</b></p> <ul style="list-style-type: none"> <li> <b>Last Checkwrite of Fiscal Year 2007</b>  Travis Nobles stated that the last checkwrite of this fiscal year was 6/14/2007. This was the last checkwrite of the 2006 / 2007 fiscal year.  <b>Q:</b> Kelly (Durham): - Wanda usually sends out a report every Monday. This report was not received. Is this report going to be sent?  <b>A:</b> Rick (DMH) – We will check on that.   <b>Q:</b> Sandy (Catawba) - We had about 3000 claims pended with no explanation why. Is there a way we can find out why these claims were pended?  <b>Q:</b> Rick (DMH) – Were the individuals in more than one Pop group?  <b>A:</b> Sandy – Not sure they were a mixed bag of clients. The code was 102 and just said it was held in adjudication. It's quite a bit of money and the claims had been submitted hoping to get paid for them.  <b>A:</b> Rick – Unfortunately they won't get paid out of this year's budget if they are pended. Send us a couple ICNs. If the clients were in more than one Pop group and if they were out of money in the first Pop group they will "pend" to check the next Pop group in the following cycle. In the future if you are out of money in a Pop group, closing that Pop group would eliminate that whole 2<sup>nd</sup> week step. Eric (DMH) Were you able to go through that step of closing out a Pop group that you knew were out of funds?  <b>A:</b> Sandy – I don't think we did that. That may be our problem.  <b>Q:</b> Tommy (Sandhills) – If you close Pop groups do they automatically reopen at the beginning of the year or do you have to go through a process to get them opened?  <b>A:</b> Rick (DMH) – No they would just reopen the first check write in the new fiscal year. </li> <li> <b>Beta Test (NPI) Requirements Review</b>  Reminder: Please send in files. Have not heard anything about any new test coming in whatsoever. </li> <li> <b>Chris Ferrell – (DMA) CMS 1500 Form</b>  CMS 1500 form is changing. Currently we are accepting both the old and the new forms. As of July 1, 2007 Medicaid will only be accepting the new forms and returning the old forms to providers. There is a high rate of the old forms being received from some providers. If you know providers that are filing with the old CMS 1500 remind them to get their vendors to get the new form. On the new form if you look down at the bottom where you enter the procedure code information it will have a separate little dash line going across that will allow you to enter NPI information. A date has not yet been set for UBs and ADAs when they will stop accepting the old forms. That will be forthcoming in a special bulletin. </li> </ul>

	<p>Q: Does that mean the new bulletin will require NPI number or has a date not been decided yet?</p> <p>A: What we were talking about here is that there is just for the new version of the CMS 1500 claim form. NPI is not required until you receive an announcement that we are going live with NPI on this date.</p> <ul style="list-style-type: none"> <li> <p><b><u>Implemented Changes to 11 Reports (EDS):</u></b></p> <p>Jamie announced that in the prior week there were changed implemented for 11 reports in R2W. Most of them started with IPV and one started with IPK. On those reports if there was a billing provider number a billing NPI field was added, if there was an attending provider number an attending NPI field was added. A user alert will be sent highlighting these changes.</p> </li> <li> <p><b><u>IPRS/ Medicaid Questions &amp; Concerns:</u></b></p> <p><b>Q:</b> Tom (Western Highlands) – In the May 30<sup>th</sup> call we discussed the problem where IPRS claims were routed to Medicaid. Mike reported these claims pertain to the Y codes and the claims were going to be re adjudicated. Our claims analysis person is telling us that this problem is still occurring. It happened in the last checkwrite cycle and he understood the problem was fixed.</p> <p><b>A:</b> Mike (EDS): If you could send us some of those examples we'll take a look at them. Wasn't aware we were still having claims route to Medicaid with the Y codes.</p> <p><b>Q:</b> Tom (Western Highlands): If this did happen the claims routed to Medicaid instead of IPRS that means we weren't able to pull down the IPRS dollars. Is there any provision that the providers can still get the IPRS dollars for those claims?</p> <p><b>A:</b> Rick (DMH): There is no provision currently. He will check on it but he is not optimistic that anything can be done.</p> <p><b>Q:</b> Terry (Eastpointe): If they had any kind of recoupment for last fiscal year. Would these go into a black hole account?</p> <p><b>A:</b> Eric (DMH): Yes, that's true.</p> <p><b>Q:</b> Kelly (Durham): She sent an email a couple of weeks ago about one of the retro Medicaid reports (IPKR8101). The clients with the MPV standards keep recycling and keep appearing on the report. Has anyone had a chance to look at that?</p> <p><b>A:</b> Eric (DMH): This has been looked at but do not have an explanation for why this is happening yet.</p> <p>Travis (DMH): We will be creating a Bug for it today.</p> <p><b>Q:</b> Tom (Sandhills): The timely filing still goes back to July 1<sup>st</sup> for the first part of this upcoming year correct?</p> <p><b>A:</b> Rick (DMH): Yes, no changes in the timely filing.</p> <p><b>Q:</b> Tom (Western Highlands): The physician rates that were adjusted effective March 1<sup>st</sup> 2007 on the DMA physician fee schedule and then apparently transitioned over to the IPRS physician reimbursement fee schedule. Has it been confirmed whether those reductions are accurate and good rates to go by or is that still up for debate?</p> <p><b>A:</b> Rick (DMH): As good as we know at this point in time.</p> <p><b>Q:</b> Tom: We received a letter from DMA instructing them to obtain an NPI for 3404904-number. We thought it had been settled that 'a fully divested LME could continue to use 3404904-number and not obtain an NPI'.</p> <p><b>A:</b> Chris (EDS): Did you send DMA provider enrollment a letter telling them that the provider number was fully divested?</p> <p><b>R:</b> Tom: No we haven't.</p> </li> </ul>
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	<p><b>R:</b> Chris: That is what they are going to need in order to mark that provider number as A-typical. Reply back to them stating that you are fully divested.</p> <p><b>Note To All Providers:</b> Any LME that is fully divested make sure you have sent notification to DMA stating that fact and you do not need an NPI.</p> <p>Chris: Please read the entire letter for the address to send the information. Do not send in with any claims to EDS.</p> <p>Chris (EDS): Kelly, I got your email about the 835 and I have received some information. I should be able to get that information back to you soon.</p> <p><b>Q:</b> Libby (Eastpointe): We have some clients that we are trying to bill Medicaid for but, we can't get the cross reference taken off the eligibility at the state.</p> <p><b>A:</b> Chris (EDS): What type of cross reference?</p> <p><b>R:</b> Libby: ID number for a client has been set up with a cross reference number with a 1 in front of it and they can't correct it.</p> <p><b>R:</b> Chris: Can you send us a description with the name and a number to IPRS Q&amp;A?</p> <p>Libby: Yes</p> <p><b>Q:</b> Teresa (A/C): Regarding NPI letters. We got a letter from DMA for our regular Medicaid number and our Caps Medicaid number. Should we get two NPI numbers for those or will one serve for both?</p> <p><b>A:</b> Chris (EDS): A letter went out for any Medicaid provider number that we do not have an NPI number for.</p> <p><b>Q:</b> Teresa: So it is up to us to decide if we need a separate NPI for each number we have for Medicaid?</p> <p><b>A:</b> Chris: Yes</p> <p><b>DMH and/or EDS Concluding Remarks:</b></p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none"><li>o Physician phone analyst (i.e. Independent Mental Health Providers)-4706</li><li>o Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707</li></ul> <p><b>Roll Call Updates</b></p>
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